FORM D

UNITED STATES

SECURITIES AND EXCHANGE & MMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0076 OMB Number: Expires: May 31, 2002 Estimated average burden hours per

SEC USE ONLY Prefix Serial DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Performix Holdings, Inc Series A-2 Convertible Preferred Stock Private Placement								
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) Type of Filing: ☐ New Filing ☐ Amendment					DULO PROCESSED			
	A. BASIC II	DENTIFICATION	DATA	APR 09 2004				
1. Enter the information requested about the is	suer			7	= 101450Ni			
Name of Issuer (check if this is an amendn Performix Holdings, Inc.	ange.)		FINANCIAL					
Address of Executive Offices (Number and Street, City, State, Zip Code) 25 Corporate Drive, Burlington, Massachusetts 01803					Telephone Number (Including Area Code) 781-238-3500			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)					Telephone Number (Including Area Code)			
Brief Description of Business To develop software for customer relationsh	nip management							
Type of Business Organization								
	☐ limited partnership,☐ limited partnership,☐	•			other (please specify):			
Actual or Estimated Date of Incorporation or C Jurisdiction of Incorporation or Organization:	Organization: (Enter two-letter U.)	Month O 1	Year 0 2 breviation for State	☑ Actual	☐ Estimated			
various citorion of Organization.	CN for Canada; FN				DE			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

*:	A. BASIC IDENT	TIFICATION DATA						
2. Enter the information requested for	the following:			· · · · · · · · · · · · · · · · · · ·				
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 								
Each executive officer and direEach general and managing pa	ctor of corporate issuers and of corporate issuers.	oorate general and managing p	partners of partnership	issuers; and				
Check Box(es) that Apply: Pror	noter	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual Maeder, Paul)							
Business or Residence Address (Number c/o Highland Capital Partners, 92 Hay		usetts 02421						
Check Box(es) that Apply: Pror	noter Beneficial Owner		□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual McGloin, Cathal								
Business or Residence Address (Number c/o Performix Holdings, Inc., 25 Corpo		usetts 01803						
Check Box(es) that Apply: Pron	noter		□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual Sheahan, Conor								
Business or Residence Address (Number c/o Performix Holdings, Inc., 25 Corpo		usetts 01803						
Check Box(es) that Apply: Pror	noter	☐ Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name first, if individual Moore, George								
Business or Residence Address (Number c/o Performix Holdings, Inc., 25 Corpo		isetts 01803						
Check Box(es) that Apply: Pror	noter	Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual Davis, Robert)							
Business or Residence Address (Number c/o Performix Holdings, Inc., 25 Corpo		setts 01803						
Check Box(es) that Apply: Pror		☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual Kelly, Patrick)							
Business or Residence Address (Number c/o Performix Holdings, Inc., 25 Corpo		usetts 01803						
Check Box(es) that Apply: Pron		☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual McHenry, Maurice								
Business or Residence Address (Number c/o Performix Holdings, Inc., 25 Corpo		usetts 01803						

	TIFICATION DATA							
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 								
Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner □ Promoter ☒ Beneficial Owner □ Promoter ☒ Beneficial Owner □ Promoter ☒ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or					
Full Name (Last name first, if individual)			Managing Partner					
Highland Capital Partners' V Limited Partnership								
Business or Residence Address (Number and Street, City, State, Zip Code) 92 Hayden Avenue, Lexington, Massachusetts 02421								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Highland Capital Partners' V-B Limited Partnership								
Business or Residence Address (Number and Street, City, State, Zip Code) 92 Hayden Avenue, Lexington, Massachusetts 02421								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) ICC Equity Partners Limited								
Business or Residence Address (Number and Street, City, State, Zip Code) 72-72 Harcourt Street, Dublin, Ireland								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)	·—_ ·—_ ·—_ ·—_ ·—_ ·							
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								

B. INFORMATION ABOUT OFFERING													
1.	Has the	issuer sold,	or does the	e issuer inter	nd to sell, to	non-accrec	lited investor	rs in this offe	ring?				Yes No
					Answer als	o in Appen	dix, Column	2, if filing ur	nder ULOE.				
2.										\$ <u>N/A</u>			
3.													Vec No
4.													
Ful	l Name (L	ast name fir	st, if indiv	idual)									
Bus	siness or R	Residence Ac	idress (Nu	mber and S	treet, City, S	State, Zip C	ode)		···				
Nai	me of Ass	ociated Brok	er or Deal	er									
Sta	tes in Whi	ch Person L	isted Has	Solicited or	Intends to S	Solicit Purch	nasers						
	(Check	"All States"	or check in	ndividual St	ates)					***************************************			All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Ful	l Name (L	ast name fir	st, if indiv	idual)								<u> </u>	
Bus	siness or F	Residence Ac	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)						
Nai	me of Ass	ociated Brok	er or Deal	er									
Sta	tes in Whi	ch Person L	isted Has	Solicited or	Intends to S	Solicit Purch	nasers						
	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Ful	ll Name (L	ast name fir	st, if indiv	idual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nai	me of Ass	ociated Brok	er or Deal	ler									
Sta	tes in Wh	ch Person L	isted Has	Solicited or	Intends to S	Solicit Purch	nasers						
	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$ <u>10,000,000.00</u>	\$ <u>10,000,000.00</u>
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$10,000,000.00	\$10,00,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indi-cate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u> </u>	\$ <u>10,000,000.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	237	\$
	Regulation A		¢
			p
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	×	\$25,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$
		Ļ	- Ф <u> </u>
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$9,975,000.00
			SEC 1972 (7/00)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	of the purposes shown. If the amount for a	gross proceeds to the issuer used or proposed to be used in purpose is not known, furnish an estimate and check payments listed must equal the adjusted gross proceed ion 4.b above.	k the bo	ox			
				Paymer Office Director Affilia	ers, rs, & Payments		
	Salaries and fees			\$	🗆 \$	·	
	Purchase of real estate			\$	D \$		
	Purchase, rental or leasing and installati	on of machinery and equipment	🗆	\$	🗆 \$		
	Construction or leasing of plant building	gs and facilities	□	\$			
	Acquisition of other businesses (includi may be used in exchange for the assets	🗆	\$				
	Repayment of indebtedness		🗆	\$			
	Working capital		□	\$	■ \$9,975,000	⋈ \$ <u>9,975,000.00</u>	
	Other (specify):			\$	\$		
				\$	\$		
	Column Totals		🗆	\$	⊠ \$ <u>9,975,000</u>	.00	
	Total Payments Listed (column totals a	. 🛭 🗓 \$9	975,000.00				
		D. FEDERAL SIGNATURE					
fol	llowing signature constitutes an undertakir	be signed by the undersigned duly authorized persong by the issuer to furnish to the U.S. Securitiente issuer to any non-accredited investor pursuant to para	s and	Exchange Con	nmission, upon writter	, the n re-	
			Date Mai	e rch 31, 2004			
Na Ca	ame of Signer (Print or Type) athal McGloin	Title of Signer (Print or Type) President					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)